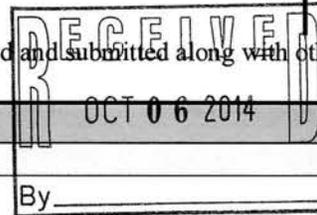


Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information

Amendment Yes No



1. Committee Information	
a. Full Name Committee to Elect Franklin Lawson	c. ID Number TDU469
b. Mailing Address (include City, State and Zip Code) PO Box 2664 Hickory, NC 28603	d. Date Filed 10/06/2014
	e. Phone Number 828-320-4228

2. Report Year 2014	3. Period Start Date (mm/dd/yy) 07/01/2014	4. Period End Date (mm/dd/yy) 10/06/2014	5. Treasurer Full Name Marcia F. Boyd
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name None		a. Financial Institution Full Name	
b. Purpose Manage Campaign Finance	c. Account Code RFL	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 5.67		d. Period Begin Balance \$

CERTIFICATION
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Marcia F. Boyd _____ 10/06/2014
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Committee to Elect Franklin Lawson	Final Report	TDU469	
Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5.67	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$	\$ 300.00
6) Contributions from Individuals	<i>(CRO-1210)</i>	\$	\$ 3900.00
7) Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$	\$
8) Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$	\$ 250.00
9) Loan Proceeds	<i>(CRO-1410)</i>	\$	\$
10) Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	<i>(CRO-1250)</i>	\$	\$
11b) Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	<i>(CRO-1250)</i>	\$	\$
11d) Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$	\$
11 e) Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$	\$
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$	\$ 4450.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	<i>(CRO-1310)</i>	\$	\$ 4444.33
13b) Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$	\$
13c) Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$	\$
14) Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$	\$
15) Loan Repayments	<i>(CRO-1420)</i>	\$	\$
16) Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$ 5.67	\$ 5.67
17) In-Kind Contributions	<i>(CRO-1510)</i>	\$	\$
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 5.67	\$ 4450.00
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 0.00	\$ 0.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$	\$
21) Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$	\$
22) Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$	\$
23) Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$	\$
24) Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$	\$
25) Administrative Support	<i>(CRO-1710)</i>	\$	\$
26) Forgiven Loans	<i>(CRO-1440)</i>	\$	\$
27) 48-Hour Notice Reports Sum	<i>(CRO-2200)</i>	\$	\$
28) Contributions to be Refunded	<i>(CRO-1215)</i>	\$	\$

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee to Elect Franklin Lawson			TDU469	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
R. Franklin Lawson 3771 9 th St Dr NE Hickory, NC 28601 828-320-4228		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		03/19/2014
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 2000.00
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
		L		\$ 3450.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Technician	USIT			RFL
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Cash			10/06/2014	\$ 5.67
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
				\$
4. Total only this Page				\$ 5.67
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 5.67
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				